2002 UNIFORM BUSINESS REPORT (UBR)

002547 4

DOCUMENT # L01000001766

1. Entity Name

FOREFRONT, LLC

FILED

02 APR 30 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8131 BLOYS CT. TALLAHASSEE FL 32312	8131 BLOYS CT. TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 16223
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Tallahassee, FL
Zip / Country	Zip 32317 Country LEON

4. FEI Number 04-3650151 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARR, KEITH D 8131 BLOYS CT. TALLAHASSEE FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

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-05/03/02--01012--002
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Keith D. Carr 8131 BLOYS CT. Tallahassee, FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO Keith D. Carr 8131 BLOYS CT. Tallahassee, FL 32312	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Keith D. Carr — April 30, 2002 — 850 894-3804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #